

**Family PACT
TeenSMART Outreach
Quarterly Progress Reports**

<p>SUBMIT REPORT AS FOLLOWS:</p> <p>a. <u>Original mailed and one copy e-mailed to:</u> Attn: Sharlyn Hansen Office of Family Planning Department of Health Services 714 P Street, Room 440 Sacramento, CA 95814 Shansen@dhs.ca.gov</p> <p>b. <u>One copy e-mailed to:</u> Diane Swann swannd@obgyn.ucsf.edu</p>	PROGRESS REPORT PERIOD																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">First Quarter</th> <th style="width: 15%;">Second Quarter</th> <th style="width: 15%;">Third Quarter</th> <th style="width: 15%;">4th Quarter and Final Report</th> </tr> <tr> <td>Date Due</td> <td>Oct. 15, 2002</td> <td>Jan. 15, 2003</td> <td>Apr. 15, 2003</td> <td>Jul. 15, 2003</td> </tr> <tr> <td>Date Mailed To OFP Mm/dd/yyyy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">FOR OFFICE OF FAMILY PLANNING USE ONLY</td> </tr> <tr> <td>Received By OFP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		First Quarter	Second Quarter	Third Quarter	4 th Quarter and Final Report	Date Due	Oct. 15, 2002	Jan. 15, 2003	Apr. 15, 2003	Jul. 15, 2003	Date Mailed To OFP Mm/dd/yyyy					FOR OFFICE OF FAMILY PLANNING USE ONLY					Received By OFP				
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Contract Number: Agency Name: Project Director: Telephone: Mailing Address: City, State, Zip Code Agency Representative preparing the report: Telephone: E-mail: address to be used for correspondence:	Contract Amount: Facsimile: Facsimile
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Personnel Update (Do Not Include Peer Workers)		
NAME OF STAFF	TITLE	FTE(%)

Were there any staff changes since last quarter? ☐ YES ☐ NO
 If yes, please describe:

Certification by the Project Director:
 I affirm that the information presented in this report accurately reflects the current status of this project to the best of my knowledge:

Original Project Director's Signature	Date
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